



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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Interagency Provider Confidential Information Sharing

Standard Operating Procedure
Effective Date: June 8, 2023

I. Purpose

HB 2016 has broadened an entity's ability to disclose and share otherwise confidential information between residential mental health treatment facilities and child placing agencies for the purposes of referral and service provision. Per WV Code 49-5-101, these entities can exchange information for the purpose of placement and service referral as well as improved service provision between agencies providing services on behalf of the child.

II. Scope

This procedure applies to information sharing for the purposes of effective service provision for foster care youth requiring referral and service planning. This procedure is supplemental to other established procedures related to team planning process and assessment processes.

III. Definitions

30-Day Reauthorizations/Reevaluations - a reauthorization/reevaluation review every 30 days for a child placed in a residential mental health treatment facility (RMHTF) to determine medical necessity to ensure children are receiving the appropriate level of intervention services

Aetna Better Health – Mountain Health Managed Care Organization (MCO) – a service provider that oversees the authorization and reauthorization of payment to providers for services rendered to children and adolescents.

Assessment Pathway - Processes designed to connect children and youth who have behavioral health needs with community-based services whenever possible or with out-of-home treatment when recommended by an independent assessment.

Automated Placement Referral (APR) – Electronic process in Comprehensive Child Welfare Information System (CCWIS) required for residential mental health treatment and transitional living referrals.

Bureau of Social Services (BSS) - A division of the Department of Health and Human Resources that promotes the safety, permanency, and well-being of children and vulnerable adults, supporting individuals to succeed and strengthening families.

Child Placing Agency - A child welfare agency organized for the purpose of placing children in private family homes for foster care or for adoption. The function of a child placing agency may include the assessment and certification of foster family homes as provided in W. Va. Code §49-1-101, et seq. The function of a child placing agency may also include the supervision and support of youth or transitioning adults who are 16 to 26 years old and living in unlicensed residences.

Clinical Case Manager - Independently licensed staff of the Managed Care Organization (MCO) who lead the process of assessment, planning, facilitation, care coordination, evaluation, enhanced care planning and advocacy for options and services to meet an individual's and family's comprehensive health care and wellness needs. Aetna is the identified MCO for West Virginia foster children, excepting those on IDD waiver.

Comprehensive Child Welfare Information System (CCWIS) – a case management system designed to meet social workers' needs to organize and record quality case information about the children and families receiving child welfare services. The current system utilized by West Virginia is PATH (People's Access to Help).

Emergency Shelter - Substitute care provided in a facility setting which provides short term care, limited to 90 days, for children entering foster care or transitioning placements and no permanent option is currently available. Emergency shelter providers complete assessments and assist in the coordination of care to facilitate expedited transitioning from shelter care to a more permanent placement setting.

Multidisciplinary Treatment Teams (MDTs) - A team designed to assess, plan, and implement a comprehensive, individualized case plan for a child who is involved in court proceedings either because of child abuse and neglect, status offense, or delinquency proceedings. This team includes the child's custodial parent(s) or guardian(s), other immediate family members, the attorney(s) representing the parent(s) of the child, the child if over the age of 12 or the child's participation is deemed appropriate, the Guardian Ad Litem, the prosecuting attorney, the Managed Care Organization (MCO) and any other person who may contribute to the team's efforts to assist the child and the family.

Qualified Independent Assessment (QIA) - An assessment by an independent entity that is done for children who are determined to be at high risk of being placed in a residential mental health treatment facility (RMHTF) placement or at risk for being considered for RMHTF placement. The assessment helps to determine or recommend the intensity of intervention services a child needs in the most appropriate integrated setting.

Residential Mental Health Treatment Facility (RMHTF)- A residential program that provides room, board, supervision, and behavioral and mental health treatment to children or transitioning adults with behavioral, developmental, and/or psychiatric challenges.

IV. Procedure:

Among the various types of agencies, the dissemination of information and considerations shall occur as follows:

Child Placing Agency to Child Placing Agency

Information sharing between in-state child placing agencies may be necessary for the following purposes:

- a. Referral to a more suitable resource family for permanency
- b. Disruption in current resource home due to change in resource parent status, family plan requirements, court order, multi-disciplinary team (MDT) request or behavioral needs of the child
- c. To facilitate reunification of a sibling group
- d. To provide an agency currently caring for the child historical information to facilitate care

Process:

1. When a referral for an alternative resource family home placement is necessary, the child's BSS worker will be notified of the need to initiate the referral process. The child placing agency will make a record of the notification to the BSS worker and include this in the child's file.
2. All referral steps and information shared will be maintained as part of the client file.
3. When historical care information is requested between child placing agencies, sending, and receiving agencies will maintain a record of the information shared as part of the client file.
4. Should the referral between child placing agencies result in the recommendation for a change in placement to a new agency resource home, the child's BSS worker must provide written consent to the placement transfer prior to initiating a move.
5. The child's BSS worker will provide written notice to the court, the child, the child's attorney, the parents, and the parents' attorney when parental rights remain intact at least 48 hours prior to any planned move.
6. All information sharing will be documented by both child placing agencies according to their agency's established referral procedures and in the child's agency record.

Child Placing Agency to Residential Mental Health Treatment Facility

Information sharing from a child placing agency to RMHTF may be necessary for the following purposes:

- a. Child placing agency may provide historical information regarding care to a RMHTF to assist with appropriate evaluation, services, and care
- b. Referral and discharge planning for a child with a Qualified Independent Assessment (QIA) recommendation of residential treatment services

Process:

1. Should a child in a resource family home consistently exhibit behavioral and mental health care needs that exceed the capacity of the tiered foster care system, the child placing agency will provide a recommendation for a QIA to the child's BSS worker. The child's BSS worker will complete any appropriate and necessary referral to initiate the QIA.
2. Upon completion of the QIA, the MDT will convene to discuss placement options for any child whose assessment results in the recommendation for residential treatment services.

3. The child placing agency may assist with referrals to RMHTF in accordance with the QIA recommendations by providing assessments and historical information for RMHTF considering the child for admission.
4. When an appropriate RMHTF placement is secured, the child's BSS worker must provide written consent for the placement transfer prior to its initiation.
5. The child's BSS worker will provide written notice to the court, the child, the child's attorney, the parents, and the parents' attorney when parental rights remain intact at least 48 hours prior to any planned move.
6. The child's BSS worker will complete the required caretaker transfer steps in the PATH system and complete the Automated Placement Referral (APR).
7. For any child admitted to a RMHTF from a child placing agency, a plan may be established for the child to return to a previous child placing agency home upon completing treatment. In these cases, the child placing agency will continue on-going information sharing with the RMHTF to assist with transition back to the resource family home, including coordination of services that may be needed at discharge, participation in treatment planning meetings, and facilitation of visitation with the identified resource family.
8. All information sharing will be documented by both the child placing agency and the RMHTF according to their agency's established referral procedures and in the child's agency record.

Residential Mental Health Treatment Facility to Child Placing Agency

Information sharing from a RMHTF to a child-placing agency may be necessary for the following purposes:

- a. Referral and discharge planning for the child with an identified discharge plan of foster care
- b. To provide a child placing agency currently caring for the child historical information to facilitate care

Process:

1. Upon admission a discharge plan will be developed in conjunction with the child's BSS worker and MDT and identified in the treatment plan.
2. For children with an identified discharge plan of foster care, the RMHTF shall make a referral to child placing agencies to begin the identification of a resource family. Referrals should be made early in the child's residential stay to allow time for identification of a resource and for meaningful involvement of the resource family in the child's treatment. If the child is not legally free for adoption, all child specific recruitment efforts must ensure the protection of the child's identifying information from the public.
3. The RMHTF will also provide information to child placing agencies who have received a referral for foster care from the child's BSS worker as part of long-term planning for the child.
4. To coordinate identification of a resource family, on-going information sharing will occur at the request of either party. When a resource is identified, transition planning will include the resource family in the child's treatment, visitation, and other services specified in the discharge plan.
5. The discharge plan for a child identified as discharging to a resource family will be updated on an on-going basis to document progress made and to identify barriers and additional steps necessary for transition. This plan will be provided to the child's BSS worker and MDT members as a means of sharing updates and soliciting input.
6. All referral and information sharing as part of a child's discharge plan will be documented by the RMHTF in the client's file. Child placing agencies receiving information and engaging in family matching activities will follow their agency's process to record these efforts.

7. Should the discharge planning efforts result in the child's readiness for discharge to the identified resource family, the child's BSS worker must provide written consent to the placement transfer prior to its initiation.
8. The child's BSS worker will provide written notice to the court, the child, the child's attorney, the parents, and the parents' attorney when parental rights remain intact at least 48 hours prior to any planned move.
9. The child's BSS worker will complete the required steps in the PATH system for the new placement.
10. All information sharing will be documented by both the child placing agency and the RMHTF according to their agency's established referral procedures and in the child's agency record.

Emergency Shelter to Residential Mental Health Treatment Facility or Child Placing Agency

Information sharing from an emergency shelter to a RMHTF may be necessary for the following purposes:

- a. Referral and discharge planning for a child with a QIA recommendation of residential treatment services
- b. Referral and discharge planning for a child with a QIA recommendation of foster care placement
- c. To provide a RMHTF currently caring for the child historical information

Process:

1. Emergency Shelters assisting with referrals to RMHTF shall follow procedures established in the Shelter Care Coordination SOP available on the BSS Child Welfare Policy website: [Shelter Care Coordination SOP 2023](#)
2. All information sharing will be documented by the emergency shelter, RMHTF and/ or child placing agency according to their agency's established referral procedures and in the child's agency record.

Residential Mental Health Treatment Facility to Emergency Shelter

Information sharing from a RMHTF to an emergency shelter may be necessary for the following purposes:

- a. Referral for a child who has completed treatment but is unable to be placed in a kinship/relative or resource family home despite documented on-going diligent discharge planning efforts

Process:

1. Upon recognition that a child is approaching treatment completion but has not yet achieved a successful discharge plan, the RMHTF provider will contact the child's BSS worker and Aetna care manager to consider for the referral will be submitted by the youth's BSS worker and will be signed and approved by the BSS Regional Child Welfare Consultant (CWC). The waiver shall provide details of all discharge planning efforts and revisions made by the RMHTF provider and Aetna care manager since RMHTF admission, as well as copies of all discharge plans developed by the RMHTF provider since admission. The BSS CWC will render a determination of necessity of the move based on verification of diligent planning efforts and unavoidable or emerging barriers.
2. Should a waiver permitting revision of the discharge plan to allow for transfer to an emergency shelter setting be granted, the RMHTF may provide referral, assessment, and historical treatment information to appropriate emergency shelter providers.
3. When an emergency shelter placement is secured, the RMHTF will assure that the youth's BSS worker is provided with a discharge summary detailing recommendations for services and actions

needed to remove permanency placement barriers, recommendations for future service needs and a summary of provided services and their efficacy.

4. The child's BSS worker will provide written notice to the court, the child, the child's attorney, the parents, and the parents' attorney when parental rights remain intact at least 48 hours prior to any planned move.
5. The child's BSS worker will complete required caretaker transfer steps in the PATH system.
6. All information sharing will be documented by both the emergency shelter and the RMHTF according to their agency's established referral procedures and in the child's agency record.

Residential Mental Health Treatment Facility to Residential Mental Health Treatment Facility

Information sharing between RMHTF may be necessary for the following purposes:

- a. To facilitate transfer to a more suitable RMHTF when a child's MDT has established a need for a change in level of care through on-going discharge planning and treatment plan review in conjunction with the MCO (Aetna) 30-day evaluation for medical necessity
- b. To provide a RMHTF currently caring for the child historical information

Process:

1. Upon admission, a discharge plan will be developed in conjunction with the child's BSS worker and MDT and identified in the treatment plan. Through on-going re-evaluation of the child's needs and review of the discharge plan, the need for a change in level of care may be identified based on noted treatment progression or newly identified intensive treatment needs. Such changes in need will be identified by the MCO 30-day evaluation for medical necessity.
2. Through the RMHTF collaboration with the MCO and the 30- day evaluation for medical necessity, the child's discharge plan may be revised to recommend a change in RMHTF. In all cases, the change of RMHTF must represent a change in the child's treatment needs as determined by medical necessity (increased or decreased intervention). ***Referrals will not be made for lateral moves to providers offering equivalent treatment services.*** The child's BSS worker will be notified in writing of the change of recommendation, and the BSS worker will provide written notice to the court, the child, the child's attorney, the parents, and the parents' attorney when parental rights remain intact. An MDT will convene as soon as possible following notification to explore placement options. The RMHTF currently providing care to the child will participate to provide treatment progress and recommendations.
3. Should the convened MDT agree to a change in RMHTF to better serve the child's treatment needs, the RMHTF may assist with necessary referrals to settings of the appropriate level of care by providing assessments and historical information for the RMHTF considering the child for admission.
4. When an appropriate RMHTF placement is secured, the child's BSS worker must provide written consent to the placement transfer prior to its initiation.
5. The BSS worker will provide written notice to the court, the child, the child's attorney, the parents, and the parents' attorney when parental rights remain intact at least 48 hours prior to the planned move.
6. The child's BSS worker will complete the required caretaker transfer steps in the PATH system and complete the Automated Placement Referral (APR).
7. All information sharing will be documented by the RMHTF according to their agency's established referral procedures and in the child's agency record.

